

**International Workshop on In-Situ Resource Utilization
Conference-Workshop
August 15-17, 2006**

**Please mail to the following address or FAX to 216-433-3793
Ms. Cynthia Rosenberger
NCSER/GRC
21000 Brookpark Road, MS 110-3
Cleveland, OH 44135**

Standard Registration Form

Title (please circle one): Dr. Prof. Mr. Ms. Mrs.

Last Name: _____

First Name: _____ Middle Initial: _____

Position/Title: _____

Affiliation: _____

Address: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Email: _____

Phone: (_____) _____ Fax: (_____) _____

Conference Registration Fee \$156.00

Payment Method

Credit Card (circle type): Visa MasterCard

Cardholder's name: Print _____

_____ Amount: _____

Card number: _____ Expiration: _____

Signature: _____ Date signed: _____

Check/Money Orders:

Please make payable to **USRA**. Checks must be either:

- a) Drawn on a US bank b) International money order (US dollars) c) Bank draft on foreign bank with NYC branch

Registration Fee Covers:

Continental Breakfast and PM Break – August 15, 16, 17

Welcome Reception (hors d'oeuvres) – August 15

Lunch – August 16

Hors d'oeuvres/Dinner – August 16